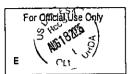
U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under PIL 86-257 as amended Falure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9676	2 Fiscal Year Covered From		
	01/01/2004 Through 12/31/2004		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Louis Cure	Name UFCW Locate 1- > "		
Name Lovis Cure.	Labor Organization File Number 012 289		
P O Box Bldg Room No If any	P O Box Building and Room Number if any		
Street 87-09 348 St , Apr. 2C	Street 840 & 1874 AVENUE		
CITY CARCKSON- HEIGHTS	City BROWEYN Sate		
State Next JORK Z ZIP Code 11372	State NEW YORK ZIP Code +4 11214 >		
5 Position in labor organization Wice Resident			
Enter appropriate data below if during the past fiscal year you or your spiluse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instruction.) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7.a. Nature of Interest Transaction, or Income		
Name			
Trade Name If any			
P O Box Bldg Room No If any			
Street Street	7 b Amount.		
City The Country of t			
State ZIP Code + 4			
Signature Luneus			
Si.	gnature Louis Circio		
15 Signature and verification. The undersigned declares, under penalty	of Perjury and other applicable pel alties of the law that all of the information are not documents) has been examined by the signatory and is to the best of the		
15 Signature and verification. The undersigned declares under penalty submitted in this report (including the information contained in any accompa	of Perjury and other applicable pe alties of the law that all of the information are documents) has been examined by the signatory and is to the best of the		

Name of Person Filling Louis Curcio	The Number C		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested			
8 Name and address of Business (including trade name. If any)	9 Business deals with		
Name			
Trade Name If any	a Labor Organiza ion		
P O Box Bldg Room No If any	b Trust		
Street	C Limployer		
City			
State ZIP Code + 4			
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing		
Name			
Trade Name If any		reflective and a	
P O Box Bldg Room No If any		1	
Street	11 b Approximate dollar value of such deal	ling	
City	12 a Nature of interest held or income re		
State ZIP Code + 4		the second of th	
		The state of the s	
	1	\$5000000000000000000000000000000000000	
	12 b Amount		
	12 0 Pariodal	1	
C Received from any employer (other than an amployer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment		
Name UFCW LocAt 1-D	Accompaniés	1 800	
Trade Name if any		1 3 1	
PO Box Bldg Room No If any		1	
Street 84-2 1874 AVE		1	
City Brockeyn		<u>.</u>	
State /4 ZIP Cod: +4 1(2)4			
13 b is the Business an Employer or Consultant 7	14 b Amount of payment	1800	